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1.0 Definition of the Service

Moderate (conscious) sedation is the use of medication to depress the level of consciousness in a patient while allowing the patient to continually and independently maintain a patent airway and respond appropriately to verbal commands and/or gentle stimulation.

Many organizations have defined different levels of sedation. These definitions are consistent among the organizations and are clearly outlined by the American Society of Anesthesiologists (ASA).

Continuum of Depth Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia*

	Minimal Sedation (Anxiolysis)	Moderate Sedation/Analgesia (“Conscious Sedation”)	Deep Sedation/Analgesia	General Anesthesia
Responsiveness	Normal response to verbal stimulation	Purposeful response to verbal or tactile stimulation	Purposeful response following repeated or painful stimulation	Unarousable even with painful stimulus
Airway	Unaffected	No intervention required	Intervention may be required	Intervention often required
Spontaneous Ventilation	Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular Function	Unaffected	Usually maintained	Usually maintained	May be Impaired

*Approved by ASA House of Delegates on October 13, 1999, and amended on October 27, 2004.

1.1 Minimal Sedation (Anxiolysis)

Minimal sedation (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

1.2 Moderate Sedation/Analgesia (“Conscious Sedation”)

Moderate sedation/analgesia (“conscious sedation”) is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

1.3 Deep Sedation/Analgesia

Deep sedation/analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be adequate. Cardiovascular function is usually maintained.

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1.4 General Anesthesia

General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

1.5 Administration

Moderate sedation can be administered by qualified personnel under the direction of a physician or dentist (see the Board of Dental Examiners credentialing process at <http://www.ncdentalboard.org/pdf/RulesRevised.pdf>). Physicians or dentists providing moderate sedation must be qualified (and credentialed) to recognize deep sedation, manage its consequences, and adjust the level of sedation to a moderate or minimal level. The continued assessment of the effects of sedative or analgesic medications on the level of consciousness and on cardiac and respiratory function is an integral element of this service. Any provider who delivers sedation should also recognize that different levels of sedation are possible, and they are not specific to a given drug. Because selection is a continuum, it is not always possible to predict how an individual patient will respond. Hence, the recommendation (also a recommendation of the Joint Commission) that a provider of sedation should be able to manage or “rescue” a patient from one level of sedation “deeper” than that which was intended. Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified (and credentialed) provider corrects adverse physiologic consequences of the deeper-than-intended level of sedation (such as hypoventilation, hypoxia, and hypotension) and returns the patient to the originally intended level of sedation.

In some circumstances a second physician (or nurse anesthetist or critical care nurse practitioner) who has been trained and credentialed to administer and manage deep sedation may be required, in addition to the trained observer, to monitor the moderate sedation. In these instances, this second physician may take complete responsibility for ordering and administering the medications for sedation.

Consultation with an anesthesiologist should be considered when deep sedation may be required either because a procedure is very painful or the patient is required to be very still or when patients are at increased risk for sedation-associated complications.

The definition for moderate sedation for non-neonatal pediatric patients is the same as for adult patients: a depressed level of consciousness with the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation. As with adult patients, pediatric patients may need to be sedated for surgical or diagnostic procedures. The American Academy of Pediatrics and the American Academy of Pediatric Dentistry have recently published guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures (Pediatrics 2006; 118 (6): 2587-2602).

Moderate (conscious) sedation includes all of the six possible routes of administration (intramuscular, intravenous, oral, rectal, intranasal, and inhalation).

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT and Prior Approval Requirements

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does NOT eliminate the requirement for prior approval.
- b. IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Service Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 General Criteria

Moderate sedation is covered when it is medically necessary and

- a. the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

4.0 When the Service Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

4.1 General Criteria

Moderate sedation is not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure unnecessarily duplicates another provider's procedure; or
- d. the procedure is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria

Moderate sedation is not covered when

- a. the medication is given for postoperative pain relief, premedication, or pain control during labor and delivery; or
- b. moderate (conscious) sedation is included as part of the procedure (see Appendix G of the CPT manual).

5.0 Requirements for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

5.1 Prior Approval

Prior approval is not required.

5.2 Moderate Sedation Services

Moderate sedation includes the following services, which are not reported separately:

- a. assessment of the patient
- b. establishment of IV access and fluids to maintain patency
- c. administration of oxygen
- d. administration of agent
- e. maintenance of sedation
- f. monitoring of oxygen saturation, cardiac rate and rhythm, and blood pressure
- g. recovery

5.3 Supervision

Sedation will be administered either by or under the immediate direct supervision of a physician or dentist who has been trained and credentialed to administer and monitor moderate sedation. (Dental credentialing information is available from the North Carolina Board of Dental Examiners at <http://www.ncdentalboard.org/pdf/RulesRevised.pdf>, section 16 Q, General Anesthesia & Sedation.) The physician or dentist is responsible for the following:

- a. completion of history and physical
- b. completion of informed consent
- c. checking the adequacy of the pre-procedure fast according to these recommendations:

Appropriate Intake of Food and Liquids Before Elective Sedation	
Ingested Material	Minimum Fasting Period, h
Clear liquids: water, fruit juices without pulp, carbonated beverages, clear tea, black coffee	2
Breast milk	4
Infant formula	6
Nonhuman milk: because nonhuman milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate fasting period	6
Light meal: a light meal typically consists of toast and clear liquids. Meals that include fried or fatty foods or meat may prolong gastric emptying time; both the amount and type of foods ingested must be considered when determining an appropriate fasting period	6

(Source: American Society of Anesthesiologists. Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures—a report of the American Society of Anesthesiologists. Available at <http://www2.asahq.org/publications/pc-178-4-practice-guidelines-for-preoperative-fasting.aspx>; publication no. 30503-8PP-8PP.)

- d. ordering of the medications
- e. direction and provision of emergency interventions as necessary
- f. checking for basic equipment:
 1. suction: size-appropriate suction catheters and a functioning suction apparatus
 2. oxygen: adequate oxygen supply and functioning flow meters
 3. airways: size-appropriate airway equipment (nasopharyngeal and oropharyngeal airways, laryngoscope blades, endotracheal tubes, face masks, bag-valve-mask or equivalent device)
 4. drugs: all the basic drugs needed to support life during an emergency
 5. monitors—functioning pulse oximeter with size-appropriate probes and other monitors as appropriate for procedures such as non-invasive blood pressure, end-tidal carbon dioxide, ECG, stethoscope
 6. intravenous access

5.4 Monitoring

All patients receiving moderate sedation must be monitored throughout the procedure as well as the recovery phase by numerous physiologic measurements. The physiologic measurements include but are not limited to continuous monitoring of oxygen saturation and cardiac rate and rhythm and intermittent recording of respiration rate, blood pressure, and level of consciousness. Administration of supplemental oxygen is encouraged for all patients undergoing moderate sedation.

Qualified individuals responsible for monitoring the patient may **not** be engaged in any other activity during the period of moderate sedation.

These individuals are responsible for the following:

- a. patient assessment
- b. administration of medications per physician's or dentist's orders. If a second physician is fully responsible for monitoring sedation, that individual may assume responsibility for ordering and administering the medications for sedation.
- c. uninterrupted observation and monitoring of the patient from time of moderate sedation until time of discharge
- d. medical record documentation (see **Section 7.1**)
- e. provision of appropriate emergency intervention as necessary

5.5 Time Factors

Intraservice time starts with the administration of the sedation agent(s), requires continuous face-to-face attendance, and ends at the conclusion of personal contact by the physician or dentist providing the sedation.

6.0 Providers Eligible to Bill for the Service

Providers who meet Medicaid's qualifications for participation and are currently enrolled with the N.C. Medicaid program are eligible to bill for moderate sedation when the service is within the scope of their practice.

7.0 Additional Requirements

All providers must comply with all applicable state and federal laws and regulations.

7.1 Medical Record Documentation

The following information must be documented in the patient's medical record:

- a. Dosage, route, time, and effect of all drugs used
- b. Type and amount of intravenous fluids administered (including blood and/or blood products), monitoring devices, or equipment used
- c. Name and medical or dental title of staff providing and monitoring moderate sedation
- d. Cardiac rate and rhythm, blood pressure, respiratory rate, oxygen saturation, and level of consciousness are charted at intervals appropriate to the level of sedation
- e. Return to normal level of consciousness, awareness and responsiveness, and airway protective reflexes at the completion of the moderate sedation interval

7.2 Records Retention

In accordance with 10A NCAC 22F.0107, all providers shall keep and maintain all financial, medical, or other records necessary to fully disclose the nature and extent of services furnished and claimed for reimbursement. These records shall be retained for a period of not less than 5 years from the date of service.

Note: Dental providers must additionally comply with the requirements and limitations stated in Clinical Coverage Policy 4A, *Dental Services* (available on DMA's Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>).

8.0 Policy Implementation/Revision Information

Original Effective Date:

Revision Information:

Date	Section Revised	Change

Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

A. Claim Type

Professional (CMS-1500/837P transaction)
Dental (ADA/837D transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Codes

Moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care. The following CPT codes for moderate sedation are covered:

CPT Code	CPT Code Description
99143	Moderate sedation services (other than those services described by codes 00100 through 01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time
99144	Moderate sedation services (other than those services described by codes 00100 through 01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time
99145	Moderate sedation services (other than those services described by codes 00100 through 01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99148	Moderate sedation services (other than those services described by codes 00100 through 01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time
99149	Moderate sedation services (other than those services described by codes 00100 through 01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time

CPT Code	CPT Code Description
99150	Moderate sedation services (other than those services described by codes 00100 through 01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)

The dental codes for sedation are

Dental Code	Dental Code Description
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide. <ul style="list-style-type: none"> Reimbursement includes monitoring and management.
D9241	Intravenous conscious sedation/analgesia—first 30 minutes <ul style="list-style-type: none"> Allowed once per date of service Allowed only in an office setting Intravenous conscious sedation performed in the dental office must include documentation in the record of pharmacologic agents, IV site, monitoring of vital signs, and complete anesthesia time. Reimbursement includes all drugs and/or medicaments necessary for adequate anesthesia. Reimbursement includes monitoring and management.
D9242	Intravenous conscious sedation/analgesia—each additional 15 minutes <ul style="list-style-type: none"> Allowed only in an office setting Allowed up to a total of six (6) hours of anesthesia time

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Place of Service

Office, hospital, outpatient hospital, ambulatory surgical center, nursing facility

F. Reimbursement

Providers must bill their usual and customary charges.

G. Billing Guidelines

Medicaid will not reimburse for moderate sedation codes 99143 through 99145 when billed with codes in Appendix G of the CPT manual.

Medicaid will not reimburse for moderate sedation codes 99148 through 99150 when billed in conjunction with codes in Appendix G when performed in the nonfacility setting.

Use 99143 through 99145 for sedation services provided by a single physician and a trained observer.

Use 99148 through 99150 for sedation services provided by two physicians and a trained observer.

99143 through 99150 are not billable with 00100 through 01999 or 94760 through 94762.